Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>4-9-07</u>	Address:	108 N. Pearl
Case #:	13F 72183		Knox, In 46534
County:	<u>Starke</u>		
Operation Operation	boratory Seizure (check one) onal Lab al/Glassware/Equipment (only) te (only)	Seizure Location (c Residence Outbuilding Vehicle	theck all that apply) Hotel/Motel Open – No Structure Other;
Items Found: Location (bedroom, kitchen, open air, etc.)			
(check all that apply) Lithium/Ammonia Reaction(s):			
Red Phosphorous/Iodine Reaction(s):			
Flammable Solvents:			
Water Reactive Metal (Lithium):			
Hydrochloric Acid Gas Generator(s):			
Corrosive Acid:			
Corrosive Base:			
Other (item and location):			
☐ Yes _ ⊠ No	r age 18 discovered (check one) (number present) port to Child Protective Services	Ephedrina Retail/Me	e Information c/Pscudoephedrine Tracking Log archant Tip rke County Case
This report is to be faxed to the following agencies that serve the location:			
Health Depa	ment: <u>Knox Fire</u> artment: <u>Starke County</u> ction Service: <u>N/A</u>	Fax: <u>tx (no</u> Fax: <u>574-7</u> Fax: <u>N/A</u>	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Trp. Aaron T. Campbell</u> Phone <u>219-696-6242</u>			

*** This form is to be included with the case tile, and a copy sent to the Clandestine Laboratory Team Leader for retention.

^{**} This form is to be faxed to the Fire Department, Hoalth Department and/or Child Protective Services Department listed within 24 hours of scene processing.